

**TEXAS WORKFORCE COMMISSION**  
**WAGE CLAIM INFORMATION**  
**TEXAS PAYDAY LAW**

JUN 14 2017  
*David J. Bradley, Clerk of Court*

Este formulario está disponible en español

**IMPORTANT! YOUR CLAIM MUST BE SIGNED AND DECLARED AS TRUE UNDER PENALTY OF PERJURY.  
 YOU MUST FILL OUT THE FORM COMPLETELY.**

**INFORMATION YOU SHOULD CONSIDER BEFORE FILING A WAGE CLAIM**

**IF YOU FEEL YOUR RIGHTS UNDER THE PAYDAY LAW HAVE BEEN VIOLATED, YOU MAY FILE A WRITTEN WAGE CLAIM. YOU SHOULD KNOW THAT A WAGE CLAIM CANNOT BE ACCEPTED IF:**

- Your wage claim is not filled out completely, legibly and accurately, and signed and declared as true under penalty of perjury. The claim should identify each type of unpaid wage claimed, and how you determined the amount due to you. If there is insufficient information on the wage claim to contact the employer, your claim will be returned or dismissed.

- Your wage claim is without your signature and a completed declaration that the information is true, under penalty of perjury.

- You're an "independent contractor" and not an "employee" of the business.

*(if you are unsure, file a claim and we will determine if you were an independent contractor or an employee)*

- You were employed by a close relative (such as: mother, grandfather, or father-in-law).

*(if you are unsure, file a claim and we will investigate the circumstances)*

- Your employer filed for bankruptcy.

*(if you are unsure, file a claim but you may also need to file proof of claim directly with the Bankruptcy Court)*

- You were employed by the federal government, the state, or a political subdivision of the state.

- Your wages are subject to a binding arbitration or collective bargaining agreement or contract.

*(if you are unsure, file a claim and include the agreement or contract and we will investigate the circumstances)*

- Your wage claim is filed later than the 180th day after the date the unpaid wages were due to be paid. If part of your claim is within 180 days, file only for that part.

- Your wage claim is for subsequent pay periods. You can amend this claim prior to a preliminary wage determination order. Do not file another wage claim.

- You file against more than one employer on one claim form for a different pay period.

- Your wage claim is not for wages but for expenses, reimbursements or automobile allowances.

**MAIL YOUR COMPLETED WAGE CLAIM TO:**

Texas Workforce Commission, Labor Law Section  
 101 East 15th Street, Room 124T  
 Austin, TX 78778-0001

**OR**

**FAX YOUR COMPLETED WAGE CLAIM TO:**

1-512-475-3025

Call 1-800-832-9243, 1-512-475-2670, or TDD 1-800-735-2989 (hearing impaired) if you need assistance.

Please attach a copy of your most recent payroll check or stub. For regular hours and overtime hours, please attach a breakdown of the days and hours of work or complete the Wage Claim Form Attachment. If your address or phone number changes, it is your responsibility to notify Labor Law in writing immediately. If you cannot be contacted, the likelihood of collecting unpaid wages will be reduced.

Wage problems can often be cleared up by discussing them with your employer. For additional information visit our web site at <http://www.twc.state.tx.us/jobseekers/how-submit-wage-claim-under-texas-payday-law>. Before filing a claim for unpaid wages, you may want to advise your employer that the Texas Payday Law, Title 2, Chapter 61, Texas Labor Code provides that:

1. Your employer must pay you at least once a month if you are not subject to the overtime provisions of the Fair Labor Standards Act. All others must be paid at least semimonthly.
2. If you are absent on payday, you are entitled to be paid at your request on a regular business day.
3. If you leave your work for a reason other than by discharge, you must be paid in full not later than the next regularly scheduled payday.
4. If discharged, you must be paid in full not later than the sixth day after termination.
5. Bonuses or wages paid on a commission basis are due in a timely manner, according to the terms of agreement entered into between employee and employer.
6. You may be entitled to unpaid wages for unused "fringe benefits" (vacation, holiday, sick leave, parental leave, or severance pay), only if your employer provides for these benefits in a written policy or agreement.
7. Your wages may be withheld only if the employer:
  - a. Is ordered to do so by a court;
  - b. Is authorized by state or federal law (e.g. payroll taxes); or
  - c. Has your written authorization to make the deductions.

**TITLE 2, CHAPTER 61, TEXAS LABOR CODE, PROVIDES THAT A PENALTY  
 MAY BE ASSESSED FOR WAGE CLAIMS BROUGHT IN BAD FAITH.**

Wage Claim Form Attachment

#### Question #14 Hours Worked Per Week Breakdown

Instructions:

Enter the date of the starting day of the first workweek

Enter the start time for the first day on the time card

- Enter the starting hour in the Hour column
  - Enter the minutes in the Min column
  - Enter AM or PM in the AM/PM column

Example: If you started working at 8:30am enter;

Hour Min AM/PM 8 30 AM

Enter the stop time for any break or lunch period in the Stop Time section; following the example above

Enter the start time when returning to work from any break or lunch period in the Start Time 2 section.

Enter the ending time in the Quit Time section

Enter the total number of hours worked for the date

Enter the total number of hours worked for the entire workweek

### Question #15 & 16 Commission or Bonus breakdown

Please include supporting information and mathematical computation for commission or bonus.

(Example: customers/sales/accounts X (multiplied by) commission/bonus rate = commission or bonus due on a sale)

Please include supporting information for mileage, such as log sheets or city-to-city trips.

If you need additional spreadsheets, please make copies.

Wage Claim Form Attachment

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MM/DD/YY	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	
Ex: 12/01/15	8	00	AM	12	00	PM	1	00	PM	5	00	PM	8
2/13/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
2/14/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
2/15/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
2/16/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
2/17/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8

Total weekly Hours 40

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2/28/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
3/1/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
3/2/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	8
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3/29/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	
3/30/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	
3/31/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	

Total weekly Hours													40
Week 2	Start Time			Stop Time			Start Time 2			Quit Time			Hours Worked
MM/DD/YY	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	Hour	Min	AM/PM	
4/3/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	
4/4/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	
4/5/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	
4/6/17	7	30	AM	11	20	AM	12	00	PM	4	00	PM	
4/7/17	7	30	AM	11	30	AM	12	00	PM	4	00	PM	

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# Wage Claim

**TEXAS WORKFORCE COMMISSION, LABOR LAW SECTION**

101 EAST 15TH STREET, AUSTIN, TEXAS 78778-0001

Telephone 1-800-832-9243 or 1-512-475-2670 or TDD 1-800-735-2989 (Hearing Impaired); Fax 1-512-475-3025

[www.texasworkforce.org](http://www.texasworkforce.org)

(PURSUANT TO TITLE 2, CHAPTER 61, TEXAS LABOR CODE)

**Este formulario está disponible en español**

PLEASE WRITE CLEARLY IN INK. Note: Social Security Number is optional, but failing to include it will delay processing of your claim.

 I want TWC to send future correspondence in: English  Spanish  Quiero que TWC envíe toda futura correspondencia en: Inglés  Español 
**CLAIMANT INFORMATION:**

First Name: <b>PHOEBE</b>	Middle:	Last Name: <b>CHAU</b>		
Address: 14922 Heritage Woods	Apt #: D	City: <b>Houston</b>	State: <b>TX</b>	Zip: <b>77082</b>
Date of Birth (MM/DD/YY): <b>11/24/62</b>	Social Security # (Optional): <b>X-9150</b>	Phone # Where you can be reached during normal business hours. <b>857-891-8017</b>	Alternate Phone # Where you can be reached during normal business hours.	

**INFORMATION ABOUT YOUR EMPLOYER:**

Business Name (If incorporated) <b>KEY ACCESS INSTITUTE, LLC</b>	Owner's First Name (If sole proprietor or partnership): <b>MARY C</b>		Owner's Last Name: <b>VALENTINE</b>	
Owner's Business Address: <b>9800 Centre Park Way</b>	Suite #: <b>530</b>	City: <b>Houston</b>	State: <b>TX</b>	Zip: <b>77036</b>
YOUR Work Location (Street Address, City, State, Zip): <b>9800 Centre Park way, Suite #530, Houston TX 77036</b>		Employer's Work Phone #: <b>713-773-4539</b>		
Employer's E-mail or Web Address:				

**PLEASE COMPLETE THE FOLLOWING EMPLOYMENT INFORMATION:**

1. What work did you perform? **Data Entry Clerk / Patient Pay**  
 Beginning date of employment **12/03/2015**  
 Employment status with this employer:  Still employed  Quit date  Termination date  
 Reason for separation: **↳ until Key Closed on 4/10/17 not receive payche**
2. When were your regularly scheduled paydays? **Bi- Weekly**  
 What was your rate of pay? (Examples: \$3/hour, \$1,000/month, \$.50/piece, \$2/sq. ft.) \_\_\_\_\_  
 What was the agreed work schedule? \_\_\_\_\_ Hrs. per day, \_\_\_\_\_ Days per wk, \_\_\_\_\_ other \_\_\_\_\_
3. Was your compensation agreement  Oral  Written (please attach a copy) \_\_\_\_\_
4. Were the claimed wages earned in Texas?  Yes  No  
 If not, was the job contracted in Texas?  Yes  No
5. Were taxes deducted from your paycheck?  Yes  No
6. Is the employer still in business?  Yes  No  
 What is the employer's home address and phone number? **2219 Mossy Glen Ct, Richmond TX 77406, United States - iPhone 281-974-7419 / Work: 713-777-4539**
7. Is the employer in bankruptcy?  Yes  No      Are you in bankruptcy?  Yes  No  
 If yes, what is the bankruptcy filing date? \_\_\_\_\_  
 Chapter: \_\_\_\_\_ Case No.: \_\_\_\_\_ Where filed: \_\_\_\_\_  
 What is the bankruptcy attorney's name, address, and phone number? \_\_\_\_\_
8. If you are related to the employer, please state the relationship. **No**
9. Did the employer give a reason for not paying you? If so, explain: **No**

10. Choose the type(s) of unpaid wages below that best describe your claim, and write the amount of unpaid wages, listing the gross amount of wages due. Note: You cannot file for recovery of any type of expenses or reimbursement, since expenses and reimbursements are not wages.

Regular \$  Commissions \$ \_\_\_\_\_ \*Fringe Benefits \$ \_\_\_\_\_ Pay Deductions \$ \_\_\_\_\_

Overtime \$ \_\_\_\_\_ Unpaid Bonus \$ \_\_\_\_\_ Pay Below Minimum Wage \$ \_\_\_\_\_

**TOTAL UNPAID WAGES CLAIMED \$ 4,480.00** (gross income, not tax withheld yet)

\*The only fringe benefits that can be claimed are vacation pay, holiday pay, severance, sick leave, parental leave, paid time off, or paid days off. These benefits cannot be claimed unless provided for in a written agreement or a written policy of the employer.

11. What was the scheduled payday(s) for these claimed wages? Date(s) \_\_\_\_\_

12. If claiming regular, overtime, and/or minimum wage, what were the dates you worked for which you received no wages?

From 1/30/17 to 04/09/17

Please explain how you determined the amount claimed and provide a breakdown of the days and hours worked. (Example: 20 hours regular pay at \$5 per hour and 5 hours overtime pay at \$7.50 per hour; or Example: 30 items at a piece rate of \$.75 per item). If available, attach a copy of timecards or timesheets. Use the attachment located on the backside of the instructions to provide a breakdown of the days and hours worked.

regular compensation, NO overtime

13. If claiming commissions or bonus, what was the period in which the wages were earned?

From \_\_\_\_\_ to \_\_\_\_\_

Are you aware of any agreement to pay commissions or bonus after termination?  Yes  No

Please explain how you determined the amount due. If available attach information to support your claim, such as written agreement, sales records, check stubs, etc. Use the attachment located on the backside of the instructions to provide a breakdown of commissions or bonus.

14. If claiming a covered fringe benefit, please explain which benefit(s) you are claiming and indicate how you determined the amount due. We must obtain a copy of a written policy or agreement providing a payment after separation, please attach a copy. Also attach evidence of the amount owed (hours left) such as check stubs or other documents.

15. If claiming deductions, did you sign any authorization for deductions other than regular payroll taxes?  Yes  No

If yes, please explain (attach a copy). \_\_\_\_\_

16. Are you aware of any agreement (such as arbitration, collective bargaining agreement, union contract, ERISA, Service Contract Act, etc.) that existed between you and the employer?  Yes  No If yes, please attach a copy.

17. Additional Comments: \_\_\_\_\_

I UNDERSTAND THAT I MAY BE ASSESSED AN ADMINISTRATIVE PENALTY IF THIS CLAIM IS FOUND TO BE BROUGHT IN BAD FAITH.

To be considered valid, your Wage Claim must be completed below and signed as true under penalty of perjury.

My name is Phoebe, my date of birth is 11/24/1962.  
 (First) (Middle) (Last) (month/day/year)  
 and my address is 14922 Heritage Woods Dr, Houston TX 77082 (Country)  
 (Street) (City) (State) (Zip Code)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Harris County, State of Texas, on the 11<sup>th</sup> day of April 2017.  
 (Month) (Year)

Phoebe  
 Declarant (signature)



November 20, 2015

Sent via email: [phoebechau252@yahoo.com](mailto:phoebechau252@yahoo.com)

Dear Phoebe Chau,

We are writing this letter as a formal offer of employment to join Key Access Institute, LLC ("Key") and Key Surgical Assistants of Texas, LP, a division of Key Access Institute, LLC. We are pleased to offer you an initial position of employment to join our company as a Data Entry Clerk with a tentative start date of December 7, 2015. In this role you will report directly to Patsy Andrews, Chief Financial Officer.

We are extending an offer to you with an initial compensation of \$14.00 per hour, paid bi-weekly for all time worked and subject to deductions for taxes and other withholdings as required by law or the policies of the company. Upon completion of the 90 days introductory period of employment your performance will be reviewed against business goals and objectives set by Key.

Upon your 90 days from the date of hire, you will be eligible to participate in the standard employee benefit programs, subject to change, encompassing health, dental, vision, life insurance, paid holidays, and accrue paid time off. Information pertaining to these benefits will be made available to you during the new employee orientation. In accordance with the Company's standard employment practices, you will be required to provide documentation that verifies your identity and eligibility to work in the United States as well as to execute additional paperwork necessary to begin your career with Key.

By accepting employment with Key you acknowledge that you are aware of the work schedule and understand the schedule will adjust in accordance with the case volumes as well as surgical case schedules. We consider this information, including your compensation arrangement, to be confidential.

Further you understand that your acceptance of employment with Key constitutes "at will" employment. It is important to note that no one at the Company has the authority to promise or guarantee you employment for any specific period of time, or to alter your terminable "at-will" employment status.

This employment offer is conditional upon your passing a pre-employment background check, drug screen for illegal drugs or controlled substances, our receipt of your college transcripts to confirm your degree, favorable reference checks as well as being subject to any additional management approval. You are required to disclose any non-compete agreements you are a party to and your offer is further conditional upon a review of such agreement and clearance upon review to ensure there are no issues. You represent that all information you have provided to the Company is true and correct.



By signing this offer letter, you acknowledge that employment with Key will not violate any obligation that you may have to any prior employer. Further, you shall not provide or even bring on our premises any information that is confidential or proprietary to a prior employer.

This offer letter expresses the entire agreement of the parties and supersedes any prior oral or written discussions, and you acknowledge that you are not relying on any representations not expressly stated in this offer letter.

You may accept this offer of employment by signing this letter and returning it to me in person or via fax at 713.456.2383. Please reply no later than Monday, November 23<sup>rd</sup> prior to the close of business, as this offer letter will expire at that time.

We are pleased that you are interested in taking on this role. We are confident that you have the necessary experience and skills to make a positive impact here at Key.

Sincerely,

A handwritten signature in black ink, appearing to read "Linh Ho".

Linh Ho  
Human Resources Director

Cc: Candidates file

✓ I accept the terms of the employment offer as outlined above.

       I do not accept this offer.

  
Phoebe Chau (Signature required)

Date



### 2017 Bi-Weekly Payroll Schedule

Cycle:	Payroll Period:	Payroll Processing Date:	Pay Date:
1	Dec 19, 2016 - Jan 1, 2017	Wednesday, January 04, 2017	Friday, January 06, 2017
2	Jan 2 - Jan 15	Wednesday, January 18, 2017	Friday, January 20, 2017
3	Jan 16 - Jan 29	Wednesday, February 01, 2017	Friday, February 03, 2017
4	Jan 30 - Feb 12	Wednesday, February 15, 2017	Friday, February 17, 2017
5	Feb 13 - Feb 26	Wednesday, March 01, 2017	Friday, March 03, 2017
6	Feb 27 - Mar 12	Wednesday, March 15, 2017	Friday, March 17, 2017
7	Mar 13 - Mar 26	Wednesday, March 29, 2017	Friday, March 31, 2017
8	Mar 27 - Apr 9	Wednesday, April 12, 2017	Friday, April 14, 2017
9	Apr 10 - Apr 23	Wednesday, April 26, 2017	Friday, April 28, 2017
10	Apr 24 - May 7	Wednesday, May 10, 2017	Friday, May 12, 2017
11	May 8 - May 21	Wednesday, May 24, 2017	Friday, May 26, 2017
12	May 22 - June 4	Wednesday, June 07, 2017	Friday, June 09, 2017
13	June 5 - June 18	Wednesday, June 21, 2017	Friday, June 23, 2017
14	June 18 - Jul 2	Wednesday, July 05, 2017	Friday, July 07, 2017
15	Jul 3 - Jul 16	Wednesday, July 19, 2017	Friday, July 21, 2017
16	Jul 17 - Jul 30	Wednesday, August 02, 2017	Friday, August 04, 2017
17	Jul 31 - Aug 13	Wednesday, August 16, 2017	Friday, August 18, 2017
18	Aug 14 - Aug 27	Wednesday, August 30, 2017	Friday, September 01, 2017
19	Aug 28 - Sep 10	Wednesday, September 13, 2017	Friday, September 15, 2017
20	Sep 11 - Sep 24	Wednesday, September 27, 2017	Friday, September 29, 2017
21	Sep 25 - Oct 8	Wednesday, October 11, 2017	Friday, October 13, 2017
22	Oct 9 - Oct 22	Wednesday, October 25, 2017	Friday, October 27, 2017
23	Oct 23 - Nov 5	Wednesday, November 08, 2017	Friday, November 10, 2017
24	Nov 6 - Nov 19	Wednesday, November 22, 2017	Friday, November 24, 2017
25	Nov 20 - Dec 3	Wednesday, December 06, 2017	Friday, December 08, 2017
26	Dec 4 - Dec 17	Wednesday, December 20, 2017	Friday, December 22, 2017
1	1st Quarter ends	Friday, March 31, 2017	
2	2nd Quarter ends	Friday, June 23, 2017	
3	3rd Quarter ends	Friday, September 29, 2017	
4	4th Quarter ends	Friday, December 22, 2017	

*Subject to change at anytime per administration*

*revised 10/2016*